

**MO HEALTHNET NON-PHARMACEUTICAL MENTAL HEALTH
PRIOR AUTHORIZATION ADVISORY COMMITTEE**
205 Jefferson Street Jefferson City, MO

August 6th, 2009

MEMBERS IN ATTENDANCE

Mark C. Johnson, M.D.
Laine Young-Walker, M.D.
Vicky Lynn Tupper Miesler, MS
Allyson Ashley, LCSW
Jennifer Davis, LCSW
Nancy Gongaware, LPC
Dan Holdinghaus, LPC

AGENCY STAFF IN ATTENDANCE

Lisa Clements, PhD, Clinical Director
Becky West, MO HealthNet Specialist
Yen Carl, Senior Office Support Assistant
LeAnn Haslag, Children's Division
Annette Walther, IFOX

MEMBERS ABSENT

Richard J. Burch, M.D.
Bruce Horwitz, PhD.
Felix Vincenz, PhD.
Cindy Burks, LCSW
Judy Coy, LPC

Welcome/Announcement- Lisa Clements, PhD, Clinical Director Psychology Program called the meeting to order at 10:10 a.m. and introductions were made.

Review of Minutes: The May 7th, 2009 meeting minutes were approved as submitted.

Bulletins and Updates: Dr. Clements stated that an email blast was sent reminding providers that all Prior Authorizations (PA) for children not in state custody were closed at the end of July. The new PA year for these children began on August 1st. There were two Bulletins regarding Telehealth posted to the web site. There was a Telehealth Bulletin issued to clarify correct billing of the facility fee for the originating site. There was also a bulletin issued for Rural Health Clinic services through Telehealth.

Committee member Alyson Ashley presented a Parent Management Training (PMT) proposal. PMT is an extensively researched evidence based practice for working with parents of young children 2-14 years old who exhibit opposition, aggression, and antisocial behaviors. These types of behaviors result in poor school performance and poor family functioning. It is these disorders that require interventions that reassert the executive role of parents and re-establish control. PMT is considered a family therapy even though it works best when children are not in attendance at all sessions. In a PMT session with parents, parents define, observe, and record the child's behavior; how to prompt and praise behavior, how to attend, how to ignore, how to shape behavior, how to design effective time out periods, and so forth. Currently, providers can obtain Family Therapy (FT) through the existing PA process up to 10 hours, depending on the patient's age, ME Code and Diagnosis. Providers may also submit a request for Family Therapy Without Patient Present (FWOP) through the helpdesk. If the request meets

the criteria for PMT, the provider will be given a PA for Family Therapy and Family Therapy Without Patient Present to use for the PMT sessions. Reimbursement amounts for Family Therapy Without Patient Present (90846) and Family Therapy (90847) are the same. Additional hours may be obtained through the Clinical Exception Process.

There was a discussion regarding MO HealthNet requirements for a discharge summary in the patient file. Dr. Clements reminded the committee that policy requires this to be in the patient's file, but this is not a piece of documentation that is required to be submitted for obtaining a PA. Providers can use any format for this documentation, as long as the information is located in the patient's file.

Dr. Clements stated that she and Becky West have been working on an electronic Pre-Certification process for the Psychology/Counseling program. This will allow providers to obtain authorizations, or Pre-Certifications, electronically through CyberAccess. A PowerPoint presentation on the new CyberAccess Pre-Certification process was given. The Committee members were excited about this program.

Children in Foster Care: Dr. Clements summarized Report One that was included in the meeting packet. For the time period January 1 through June 30, 2009, there were 3684 unique patients and 4855 unique PAs for those patients. There were 593 providers with approved PAs. For the same time period in 2008 (January 1 through June 30, 2008) there were 3353 unique patients with PAs and 4239 unique PAs for those patients. There were 647 providers with approved PAs. Report Two, PA by therapy type by age showed that Individual Therapy represented at least 60% of all therapies requested in all age groups except for the 3 year olds. For children ages 5-12, MO HealthNet recommends the use of Family Therapy. Of this group, there were a total of 3372 PAs, 2181 for Individual Therapy (64.68%), and 1158 for Family Therapy (34.34%). For children ages 13-20, MO HealthNet encourages the use of Individual Therapy. Of this group, there were 3085 total PAs; 1998 for Individual Therapy (64.76%) and 1026 for Family Therapy (33.26%). Report Three is PAs by diagnosis code for Children in Foster Care. The top 3 Diagnosis Codes have been constantly the same since the PAs for Children in Foster Care began: Prolong Posttraumatic Stress Disorder (23.37%), Oppositional Disorder (17.62%), and Attention Deficit with Hyperactive Disorder (ADHD; 13.14%).

Adults: Report Six for Adults showed the program total unique patient count for adults. There were a total of 4,431 this year, and last year there were 3,830 unique adult patient counts. There was significant increase from last year.

Children not in State Custody: Report Six for Children showed a total of 15,337 unique patients and last year there were 15,126 unique patients. This report does not include Children in Foster Care.

The ADHD report was included in the meeting packet. Dr. Clements stated that 20% of all PAs for children had ADHD/ADD as primary diagnosis.

Individual Therapy and Individual Interactive therapy for young children:

MO HealthNet's definition of Individual Therapy is insight oriented behavior modifying and/or supportive, and must consist of a medically necessary, time-limited, specific process in which the child interacts on a face-to-face basis with the licensed MO HealthNet provider. In accordance with the written Treatment Plan to treat a mental disorder, resolve problematic behaviors, and reduce barriers to effective functioning. MO HealthNet's definition of Individual Interactive Therapy is for children who have not developed or have lost expressive language skills. The record must document the need for interactive therapy and the type of equipment, device, or other mechanism of communication. These services may include pay equipment, physical devices, language interpreter or other mechanisms of non-verbal communication. Individual Interactive Therapy is NOT play therapy.

Currently all PAs for Individual Interactive Therapy require a review of documentation. PAs for Individual Therapy do not require submission of documentation for the initial PA. Dr. Clements suggested increasing access to Individual Interactive Therapy for young children to allow providers who serve that population bill a more appropriate code for services delivered to young children. The Committee made a motion to endorse a new proposal to allow providers to obtain an initial PA for Individual Interactive Therapy without submission of documentation and require providers to submit documentation to obtain a PA for Individual Therapy for 3 and 4 year olds. The fee schedule with MO HealthNet is the same for Individual Therapy (90804, 90806) and Individual Interactive Therapy (90810, 90812).

Adjourn-The Committee adjourned to executive session for the sole purpose of discussing individual participant specific medical information. At the conclusion of these discussions the group adjourned entertaining no further business, actions or motions. (See roll call vote).

MEMBER	MOTION TO CLOSE MEETING	MOTION TO ENDORSE THE PROPOSAL	MOTION TO ADJOURN
Richard Burch, MD	Absent	Absent	Absent
Felix Vincenz, MD	Absent	Absent	Absent
Laine Young-Walker, MD	Second	Yeah	Yeah
Mark C. Johnson, MD	Yeah	Yeah	Motion
Bruce Horwitz, PhD	Absent	Absent	Absent
Vicky Lynn Tupper Mieseler, MS	Motion	Second	Yeah
Allyson Ashley, LCSW	Yeah	Motion	Yeah
Cindy Burks, LCSW	Absent	Absent	Absent
Jennifer McCullough LCSW	Yeah	Yeah	Yeah
Judy Coy, LPC	Absent	Absent	Absent
Nancy Gongaware, LPC	Yeah	Yeah	Second
Dan Holdinghaus, LPC	Yeah	Yeah	Yeah

Next Meeting: November 5th, 2009